

EXHIBIT D

1
2 IN THE UNITED STATES DISTRICT COURT
3 FOR THE DISTRICT OF NEW MEXICO
4

5 JOLEEN K. YOUNGERS,)
6 as Personal Representative of)
7 the Wrongful Death Estate of)
8 Roxsana Hernandez,)

9 Plaintiff,)

No.20-cv-00465

-WJ-JMR

10 vs.)

11 LASALLE CORRECTIONS TRANSPORT)
12 LLC, LASALLE CORRECTIONS WEST)
13 LLC, LASALLE MANAGEMENT)
14 COMPANY LLC, GLOBAL PRECISION)
15 SYSTEMS LLC, TRANSCOR)
16 AMERICA LLC, CORECIVIC, INC.,)
17 and UNITED STATES OF AMERICA,)

18 Defendants.)
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REMOTE VIDEOTAPED DEPOSITION OF

HARISH MOORJANI, M.D.

Thursday, September 5, 2024

Reported by:

LISA M. MURACO

JOB NO. 32522

1 H. Moorjani, MD

2 (Exhibit 2, Bates Number
3 CC_Hernandez 017481, Report, marked for
4 identification.)

5 BY MR. MASSEY:

6 Q. Dr. Moorjani, did you review this
7 report in anticipation for today's deposition?

8 A. Yes, I have it in front of me.

9 Q. Okay.

10 Could you tell me why you submitted
11 an amended report?

12 A. So there was an error in this -- in
13 the first report I submitted. And -- and an
14 amended report.

15 And the error had to do with the
16 name of the drug that I had referenced. It was
17 pure oversight on my part.

18 I had put in rituximab instead of
19 BIKTARVY in the report.

20 So it was pointed out to me. And
21 once I realized that I had made a mistake, I
22 amended it and submitted an amended report to
23 Ms. Keene.

24 Q. How was that error pointed out to
25 you?

1 H. Moorjani, MD

2 A. I think it was --

3 (Multiple speakers.)

4 MS. KEENE: I don't hear -- before we
5 answer, objection as to -- to work product.

6 I don't hear him testifying as to what we
7 communicated.

8 BY MR. MASSEY:

9 Q. So, Dr. Moorjani, to the extent that
10 you were made aware of this error outside of
11 any conversation with your counsel, you can
12 answer the question.

13 A. No, I was made aware of it by the
14 counsel.

15 Q. Are there any other differences
16 between the original report and this amended
17 report?

18 A. I don't believe so.

19 Q. Did you also offer responses to
20 experts' reports submitted by the plaintiff in
21 the amended report?

22 A. Yeah. They were unchanged from my
23 first report.

24 Q. Does this report contain all the
25 opinions about the matters involved in this

1 H. Moorjani, MD

2 consultant, and I provide both inpatient and
3 outpatient infectious disease services for
4 patients that are in New York state prisons.

5 Q. Are you going into the actual prison
6 facilities themselves?

7 A. That is correct.

8 Q. And how many times a week would you
9 say you go into an actual prison or similar
10 facility?

11 A. At least once a week, if not more.

12 Q. And do you treat patients there that
13 are HIV positive?

14 A. That is correct.

15 Q. Do you treat patients that have MCD?

16 A. I have in the past. It's a very
17 rare condition. But I've treated patients in
18 New York state prisons with MCD, yes.

19 Q. About how many cases would you
20 estimate?

21 A. You know, it's a very rare
22 diagnosis. I've only had three cases of MCD in
23 my career since my fellowship. And two of them
24 were New York state prisons and one of them was
25 in private practice.

1 H. Moorjani, MD
2 taking care of HIV and HHV-8 patients and
3 patients with lymphoma.

4 And so, we now have medications that
5 can treat Castleman's disease. Unicentric
6 versus multicentric, a little different
7 approach.

8 And so, Rituxan is one of the
9 anti-CD20, I believe. I stand corrected on the
10 actual immune system part that the Rituxan
11 works on. I'm not a hematologist.

12 But it works on part of the immune
13 system that is causing the damage in
14 Castleman's disease. And it can help the
15 patient overcome Castleman's disease, whether
16 it happens over days, weeks, or months. But
17 it's part of a treatment regimen.

18 There are other modalities of
19 treatment as well. And there are some
20 protocols that talk about sequential
21 treatments. There are some protocols that go
22 for, you know, collective treatment.

23 It depends on the patient's
24 individual situation. And depends on the
25 clinical case.

1 H. Moorjani, MD

2 But despite best interventions in
3 some cases, patients will succumb to
4 Castleman's disease. We know that. So it's
5 not a be-all and end-all. Rituximab is not a
6 be-all and end-all. It's one of the drugs we
7 have in our armamentarium which helps us treat
8 patients with Castleman's disease.

9 And now, this has to be done after a
10 thorough evaluation and stabilization of the
11 patient's system so that they can tolerate not
12 just Rituxan, but other medications, to make
13 sure their liver and their kidneys are in -- in
14 the best possible shape that they could be
15 before we do all these interventions.

16 So it's a clinical decision. It's a
17 clinical -- ongoing evaluation that then
18 results in, hopefully, a positive outcome for
19 some of these patients.

20 But some of these patients, despite
21 all of that, do succumb.

22 Q. Have you ever personally treated a
23 patient with rituximab who was suffering from
24 MCD?

25 A. So the last patient I had with MCD,

1 H. Moorjani, MD

2 I don't believe received Rituxan. No, did not.

3 Q. What about any other patients that
4 had MCD?

5 A. No. So Rituxan treatment for MCD,
6 as I understand, is very recent introduction --

7 Q. How recent?

8 A. -- in MCD.

9 That -- I don't know exactly that.

10 I can look that up, if you want.

11 Q. Well, in your -- you don't need to
12 look anything up.

13 But, you know, as best you can
14 recall and in your professional opinion --

15 A. Yeah.

16 Q. -- was it available in 2018?

17 A. I believe so.

18 Q. Do you recall the portion of your
19 report, and we can bring it up, if need be,
20 where you said it was not readily available?

21 A. Yeah.

22 Do you want me to opine on that?

23 Q. Well, what I wanted to ask you is:
24 Where specifically did you mean?

25 Where is rituximab in 2018?